

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED

JAN 31 2011

Secretary of State
Capitol Office

DATE STAMP

Name of Candidate Kimberly Campbell Buck
 Address 1062 Devonshire Dr., Jackson, 39206
 Telephone 601-622-7880 Fax _____
 Contact Name Kimberly Campbell Buck Email _____
 Office Sought House of Representatives Political Party Democrat

☒ Check here if above is different from previous report

TYPE OF REPORT

- ____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
 ____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
 ____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
 ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
 ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
 (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
 (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 900.00 + \$ 1000.00	\$ 1900.00	\$ 1900.00
Total amount of disbursements	\$ 0 + \$ 900.00	\$ 900.00	\$ 900.00
Total amount of cash on hand		\$ 1000.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 01-10

Name of Candidate or Committee Kimberly Campbell Buck
 Reporting period Jun. 1, 2010 through Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Willie Bozeman</u>	<u>5/19/10</u>	\$ <u>200.00</u>
Mailing Address	<u>770 North West Street</u>	<u>—/—/—</u>	\$
City, State, Zip Code	<u>Jackson, MS 39205</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>self WB Consolidated</u>	<u>—/—/—</u>	\$
Occupation (Required)	<u>lobbyist</u>	Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Randy Russell</u>	<u>8/6/10</u>	\$ <u>250.00</u>
Mailing Address	<u>175 E. Capitol St., St. 702</u>	<u>—/—/—</u>	\$
City, State, Zip Code	<u>Jackson, MS 39201</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>AT&T</u>	<u>—/—/—</u>	\$
Occupation (Required)	<u>External Affairs</u>	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>John Dtherton</u>	<u>6/23/10</u>	\$ <u>200.00</u>
Mailing Address	<u>P.O. Box 4079</u>	<u>—/—/—</u>	\$
City, State, Zip Code	<u>Gulfport, MS 39502</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>MS Power Company</u>	<u>—/—/—</u>	\$
Occupation (Required)	<u>External Affairs</u>	Aggregate year-to-date	\$ <u>200.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Organization</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Meredith Broyles</u>	<u>9/14/10</u>	\$ <u>250.00</u>
Mailing Address	<u>201 Keith St. SW, Ste 80</u>	<u>—/—/—</u>	\$
City, State, Zip Code	<u>Cleveland, TN 37311</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>Community Financial Services</u>	<u>—/—/—</u>	\$
Occupation (Required)	<u>Government Relations</u>	Aggregate year-to-date	\$ <u>250.00</u>

Community Financial Services